

Wisconsin Department of Safety & Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 251-3036
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov
Website: http://dsps.wi.gov

REAL ESTATE BROKER OR SALESPERSON

CONTINUING EDUCATION ADDENDUM

Name: _____ Credential #: _____
(Please Print)

PLEASE COMPLETE THE FOLLOWING INFORMATION WHICH IS REQUIRED IN ORDER TO RENEW YOUR LICENSE:

- ☐ I have completed the following continuing education courses totaling 18 hours as required for the 2010-2012 biennium. I have evidence of this which I will furnish to the Department of Safety and Professional Services upon request.

Date	Course Title	School/Sponsor	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours: _____

- ☐ I am a Commercial Broker so my course titles are not the usual for Real Estate.

Date: _____ Signature: _____

MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.